OASIS New Process Measures and Physician Response Requirement

**(M2000) Drug Regimen Review:** Does a complete drug regimen review indicate potential clinically significant medication issues, e.g., drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, omissions, dosage errors, or noncompliance?

- 0 - Not assessed/reviewed [ Go to M2010 ]
- 1 - No problems found during review [ Go to M2010 ]
- 2 - Problems found during review

NA - Patient is not taking any medications [ Go to M2040 ]

**RESPONSE—SPECIFIC INSTRUCTIONS**

Includes all medications, prescribed and over the counter, administered by any route (e.g., oral, topical, inhalant, pump, injection).

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The definition of a problem for responses 1 and 2 includes the following:

Potential clinically significant medication issues which include adverse reactions to medications (e.g., rash), ineffective drug therapy (e.g., analgesic that does not reduce pain), side effects (e.g. potential bleeding from an anticoagulant), drug interactions (e.g., serious drug-drug, drug-food and drug-disease interactions), duplicate therapy (e.g. generic name and brand name drugs that are equivalent both prescribed), omissions (missing drugs from an ordered regimen), dosage errors (e.g., either too high or too low), noncompliance (e.g., regardless of whether the noncompliance is purposeful or accidental) or impairment or decline in an individual's mental or physical condition or functional or psychosocial status.

**Note:** Medication interaction is the impact of another substance (such as another medication, nutritional supplement including herbal products, food, or substances used in diagnostic studies) upon a medication. The interactions may alter absorption, distribution, metabolism, or elimination. These interactions may decrease the effectiveness of the medication or increase the potential for adverse consequences.

**(M2002) Medication Follow-up:** Was a physician or the physician-designee contacted within one calendar day to resolve clinically significant medication issues, including reconciliation?

- 0 - No
### RESPONSE—SPECIFIC INSTRUCTIONS

- Complete if Response 2 for M2000 is selected.

- Clinically significant medication issues are those that, in the care provider’s clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen.

- Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.

- **Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.**

- If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.

- If agency staff other than the clinician responsible for completing the SOC/ROC OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the SOC/ROC OASIS assessment so that the appropriate response for M2002 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and must ultimately be completed by one clinician.
If there were any clinically significant medication issues since the previous OASIS assessment, was a physician or the physician-designee contacted within one calendar day of the assessment to resolve clinically significant medication issues, including reconciliation?

0 - No

1 - Yes

NA - No clinically significant medication issues identified since the previous OASIS assessment

Clinically significant medication issues are those that, in the care provider's clinical judgment, pose an actual or potential threat to patient health and safety, such as drug reactions, ineffective drug therapy, side effects, drug interactions, duplicate therapy, medication omissions, dosage errors, or nonadherence to prescribed medication regimen.

- Contact with physician is defined as communication to the physician made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status.

- Select Response 1 – Yes, only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions.

- If the interventions are not completed as outlined in this item, select Response 0 – No. However, in this case, the care provider should document rationale in the clinical record.

- If agency staff other than the clinician responsible for completing the transfer or discharge OASIS contacted the physician to follow up on clinically significant medication issues, this information must be communicated to the clinician responsible for the transfer or discharge OASIS assessment so that the appropriate response for M2004 may be selected. This collaboration does not violate the requirement that the comprehensive patient assessment is the responsibility of, and ultimately must be completed by one clinician.
**Heart Failure Follow-up:** If patient has been diagnosed with heart failure and has exhibited symptoms indicative of heart failure since the previous OASIS assessment, what action(s) has (have) been taken to respond? *(Mark all that apply.)*

0 - No action taken

1 - Patient’s physician (or other primary care practitioner) contacted the same day

2 - Patient advised to get emergency treatment (e.g., call 911 or go to emergency room)

3 - Implement physician-ordered patient-specific established parameters for treatment

4 - Patient education or other clinical interventions

5 - Obtained change in care plan orders (e.g., increased monitoring by agency, change in visit frequency, telehealth, etc.)

### RESPONSE—SPECIFIC INSTRUCTIONS

- Include any actions that were taken at least one time at the time of the last OASIS assessment or since that time.

- If the interventions are not completed as outlined in this item, select Response 0 – No action taken. However, in this case, the care provider should document rationale in the clinical record.

- If Response 0 is selected, none of the other responses should be selected.

- Response 1 includes communication to the physician or primary care practitioner made by telephone, voicemail, electronic means, fax, or any other means that appropriately conveys the message of patient status. Response 1 is an appropriate response only if a physician responds to the agency communication with acknowledgment of receipt of information and/or further advice or instructions. In many situations, other responses also will be marked that indicate the action taken as a result of the contact (i.e., any of responses 2-5).

- Response 3 would be the best response for a situation in which either the home care clinician reminds the patient to implement or is aware that the patient is following physician-established parameters for treatment.
The following one requires communication from the physician before completion of OASIS which is by day 5 of the start of care or 48 hours after resumption of care or by day 60 for recertification.

(M2250) Plan of Care Synopsis: (Check only one box in each row.) Does the physician-ordered plan of care include the following:

<table>
<thead>
<tr>
<th>Plan / Intervention</th>
<th>No</th>
<th>Yes</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Patient-specific parameters for notifying physician of changes in vital signs or other clinical findings</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>b. Diabetic foot care including monitoring for the presence of skin lesions on the lower extremities and patient/caregiver education on proper foot care</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>c. Falls prevention interventions</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>d. Depression intervention(s) such as medication, referral for other treatment, or a monitoring plan for current treatment</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>e. Intervention(s) to monitor and mitigate pain</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>f. Intervention(s) to prevent pressure ulcers</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
<tr>
<td>g. Pressure ulcer treatment based on principles of moist wound healing OR order for treatment based on moist wound healing has been requested from physician</td>
<td>0</td>
<td>1</td>
<td>na</td>
</tr>
</tbody>
</table>

RESPONSE—SPECIFIC INSTRUCTIONS

This question can be answered “Yes” prior to the receipt of signed orders if the clinical record reflects evidence of communication with the physician to include specified best practice interventions in the plan of care. Assuming all other OASIS information is completed, the Date Assessment Completed (M0090) then becomes the date of the communication with the physician to establish the Plan of Care that includes interventions listed in M2250.